

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	HA	853	02-26-01
<b>RESPONSE FORMALITY REVIEW</b>	wt	571	05/30/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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